IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
510 EAST 12<sup>TH</sup>, SUITE 1A
DES MOINES, IA 50319
Fax: (515)292



lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

## FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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determined by

## DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Department of Human Services, Bure	au of Collections/Child Support Recovery	
I varie of Department or Office	Dupport Recovery	
400 SW 8th , Suite H	Des Moines, IA 50309	
Mailing Address (\$15) 281-5767	City, State, Zip Code	
Area Code & Telephone No.		
ONTACT PERSON FOR RECIPIENT DEPA	RTMENT OR OFFICE	

ONIACI	PERSON FOR	RECIPIEN	IT DEPA	ARTMEN	TOR OFF	CE

Carol Eaton, Bureau Chief	
Name	
same as above	
Mailing Address (if different from above)	City, State, Zip (if different from above)
ccaton@dhs.state.ia.us	same as above
Email Address	Area Code & Telephone Number (if different from above)

## DONOR OF GIFT, BEQUEST, OR GRANT:

Drake University, Head Start		7	
Name			
3206 University Avenue	Des Moines, IA 50311	11	
Mailing Address	City, State, Zip Code	February 12, 2008	\$ 300.00
(515) 271-1854		Date of Gift, Bequest, or Grant	Amount/Value*
Area Code & Telephone Number		Date of Girt, Dequest, of Grant	Amount value
		value is defined as "fair market va	lue" of item as deterr
Email Addres s (optional)		receiving department or office. If n	o value mark "0.00".
Email Address (optional)		receiving department or office. If n	o value ma

Provide a description of the gift, bequest, or grant and purpose thereof:

Head Start sent an email to all parties and agencies associated with them to offer, at no cost, a table to anyone who needed one.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.